

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations**

(a) Name <b>The Media Fund</b>	(b) Address (number and street) <b>628 16th Street NW</b>	<input type="checkbox"/> Check if different than previously reported	<b>2. FEC Identification Number</b> <b>C 2/A</b>
(c) City, State and Zip Code <b>Washington, DC 20006</b>	(d) Name of Employer or Principal Place of Business <b>N/A</b>	(e) Occupation <b>N/A</b>	
<input checked="" type="checkbox"/> New	4. Covering Period		
<input type="checkbox"/> Amended	10	12	2004
	10	14	2004

**3. Is This Statement****or****Amended****4. Covering Period****through****5. (a) Date of Public Distribution(s)****10****14****2004****(b) Communication Type****Pooled****6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?****Yes****No****7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?****Yes****No****8. Custodian of Records****(a) Name****Erik Smith****(b) Address (number and street)****628 16th Street NW****(c) City, State and Zip Code****Washington, DC 20006****(d) Name of Employer or Principal Place of Business****The Media Fund****(e) Occupation****President****9. Total Contributions This Statement****\$ 00****10. Total Disbursements/Obligations This Statement****\$ 22271.33**

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****Erik Smith****SIGNATURE****DATE**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.